

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/576242	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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13						
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15						
16		1				
17			1			
18			1			
19			1			
20			1			
21			1			
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23			1			
24			1			
25			1			
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←	12	←		←	←
TOTAL CLAIMS		14				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←	12	←		←	←
TOTAL CLAIMS		14				